

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. <u>75</u> Registered No. <u>7</u>	
1. PLACE OF DEATH County <u>Graham</u> State <u>ARIZONA</u> Township <u>Central</u> or Village _____ City _____ No. _____ St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)				Length of residence in city or town where death occurred <u>46</u> yrs. <u>8</u> mos. <u>15</u> ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds. How long in state when death occurred? <u>47</u> yrs. <u>3</u> mos. <u>15</u> ds.			
2. FULL NAME (a) Residence: No. <u>3714 V. Jenkins</u> (Usual place of abode) <u>Central Ariz.</u> non-resident give city or town and state)				21. DATE OF DEATH (month, day, and year) <u>1-15</u> , 19 <u>39</u>			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)		22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Arnold Harper</u>				I last saw h. _____ alive on <u>January 14, 1939</u> , death is said to have occurred on the date stated above, at <u>5.0</u> m.			
6. DATE OF BIRTH (month, day, and year) <u>May 30 1892</u>				The principal cause of death and related causes of importance were as follows: <u>General decline</u> <u>No specific disease</u>			
7. AGE <u>46</u> Years <u>8</u> Months <u>15</u> Days	If LESS than 1 day, _____ hrs. or _____ min.		Date of Onset <u>4 years</u>				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Harv.</u>				Other contributory causes of importance: <u>No doctor in attendance</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Name of operation _____ Date of _____			
10. Date deceased last worked at this occupation (month and year)				What test confirmed diagnosis? _____ Was there an autopsy? _____			
11. Total time (years) spent in this occupation				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.			
12. BIRTHPLACE (city or town) (State or Country) <u>Central</u>				Manner of injury _____			
13. NAME <u>Elas P. Jenkins</u>				Nature of injury _____			
14. BIRTHPLACE (city or town) (State or Country) <u>W. V.</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
15. MAIDEN NAME <u>W. Mary K. May</u>				If so, specify _____			
16. BIRTHPLACE (city or town) (State or Country) <u>W. V.</u>				(Signed) <u>J. B. Platt</u> M. D.			
17. INFORMANT (Address) <u>Elas P. Jenkins</u>				(Address) <u>Jefferson</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Central</u> Date <u>1-16-39</u>							
19. EMBALMER { License No. _____ Signature _____							
FUNERAL DIRECTOR Address _____							
20. Filed <u>Feb 7, 1939</u> Registrar <u>W. H. Thorton</u>							